

Your Name: _____
Your Address: _____
Your City, State, ZIP: _____
Your Telephone No: _____
Representing ☐ Self, Without an Attorney OR ☐ Attorney for _____

IN THE SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY

In the Matter of (check one or both)

The Guardianship ☐ Conservatorship ☐ of

(Incapacitated and/or Protected person)

PB No: _____

PETITION FOR

☐ Discharge and termination

☐ Termination Only

☐ Discharge Only

OF A GUARDIANSHIP AND CONSERVATORSHIP OF AN ADULT

1. APPOINTMENT: The following person was appointed _____ and accepted appointment as (check one box):

☐ Guardian and conservator on (date) _____

☐ Guardian (date) _____

☐ Conservator (date) _____.

2. FOR TERMINATION PETITIONS: The reason I am asking for termination of the guardianship and/or conservatorship is : (check one box)

☐ Death of the ward on (date) _____ (attach death certificate);

☐ Ward moved out of state on (date) _____ to (location) _____

☐ Other (explain)

3. FOR DISCHARGE PETITIONS: The reason for the discharge is: (check one box):

☐ I am the guardian and/or conservator, and I want to resign because: (explain)

☐ I am not the guardian and/or the conservator, but I think the person who is should be discharged because (explain):

☐ Other: (explain)

4. Petitioner should be discharged from this appointment because (check all that apply)

☐ Conservatorship: the court approved the Final Accounting;

☐ Guardianship: there are no remaining matters to be taken care of.

☐ Other: (explain)

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
County of Maricopa)

I, the Petitioner, being duly sworn and under oath, state that I have read this petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this _____ day of _____, 19____ by the Petitioner,
_____.

NOTARY PUBLIC: _____

My Commission Expires:
